

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005241

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: DEERFIELD TRACE COMMUNITY, INC.

**Current Principal Place of Business:**

2495 DOBBS ROAD  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

2495 DOBBS ROAD  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 41-2116081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLIPPIN, JAMES M  
2495 DOBBS ROAD  
ST AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

SMITH, WILLIAM  
4041 PINE RUN CIRCLE  
ST AUGUSTINE, FL 32086 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM SMITH

03/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: FLIPPIN, ORAL J  
Address: 304 ELEMENTARY WAY  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: FLIPPIN, ORAL J  
Address: 304 ELEMENTARY WAY  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP ( ) Delete  
Name: GIORDANO, AL  
Address: 100 SOUTHWALK PLACE  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORAL FLIPPIN

S/T

03/18/2009

Electronic Signature of Signing Officer or Director

Date